



**COOK COUNTY
EMPLOYEE GROUP BENEFITS TERMINATION SUMMARY**

www.cookcountyrisk.com

BENEFIT	NON-UNION EMPLOYEES	UNION EMPLOYEES								
<p align="center">HEALTH and DENTAL INSURANCE BENEFITS Blue Cross Blue Shield Guardian</p>	<p>Coverage ends the last day of the month based on your actual termination date.*</p> <table border="1" data-bbox="574 499 980 674"> <thead> <tr> <th>Termination Date</th> <th>Benefits End Date</th> </tr> </thead> <tbody> <tr> <td>11/01/2024</td> <td>11/30/2024</td> </tr> <tr> <td>11/18/2024</td> <td>11/30/2024</td> </tr> <tr> <td>11/30/2024</td> <td>11/30/2024</td> </tr> </tbody> </table>	Termination Date	Benefits End Date	11/01/2024	11/30/2024	11/18/2024	11/30/2024	11/30/2024	11/30/2024	<p>Coverage ends the last day of the month based on your actual termination date.</p> <p>You <i>may</i> have extended <i>health and dental</i> benefits based on a layoff provision in a Collective Bargaining Agreement. Depending on the CBA provision, you may be billed monthly in an amount equal to your monthly payroll contributions for these extended benefits. You may elect COBRA continuation after your benefit extension expires.*</p>
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11/18/2024	11/30/2024									
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<p align="center">VISION BENEFITS Davis Vision</p>	<p>Your coverage ends the last day of the month based on your actual termination date.*</p> <table border="1" data-bbox="574 936 1130 1079"> <thead> <tr> <th>Termination Date</th> <th>Benefits End Date</th> </tr> </thead> <tbody> <tr> <td>11/01/2024</td> <td>11/30/2024</td> </tr> <tr> <td>11/18/2024</td> <td>11/30/2024</td> </tr> <tr> <td>11/30/2024</td> <td>11/30/2024</td> </tr> </tbody> </table>	Termination Date	Benefits End Date	11/01/2024	11/30/2024	11/18/2024	11/30/2024	11/30/2024	11/30/2024	
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<p align="center">BASIC TERM and SUPPLEMENTAL TERM LIFE INSURANCE MetLife</p>	<p>Your coverage ends the last day of the month based on your actual termination date.</p> <p>Your group coverage may be ported or converted to an individual direct pay policy through MetLife. This must be requested within 31 days of termination. Applications for porting coverage are available online: www.cookcountyrisk.com (Employee Benefits tab). If you have questions call 1-866-492-6983.</p>									
<p align="center">VOLUNTARY BENEFITS Mercer</p>	<p>Your coverage ends the last day of the month based on your actual termination date. To discuss continuation, contact Mercer within 31 days of termination at 1-800-698-2849.</p>									
<p align="center">FLEXIBLE SPENDING ACCOUNTS Optum Financial</p>	<p>Healthcare FSA expenses must be incurred by the end of the month of termination. Claims may be filed until the end of the plan year. Dependent Care FSA claims may be filed against deposited funds until the end of the plan year. For further information, call 1-844-284-6267.</p>									
<p>*Current health, dental and vision plans can be continued for up to 18 months under COBRA. Payment of the full monthly cost plus an administrative fee is required. You have 60 days to elect coverage retroactive to your benefit termination effective date. Additional information is available on the Risk Management website at www.cookcountyrisk.com (Employee Benefits tab) or contact Employee Benefits Division at 312-603-6385.</p>										